

## Fair Housing Amendments Act Reasonable Accommodation Request Form

1. Name of Applicant	Telephone Number (       )
Applicant's Address	
2. Are you a Disable Person Within The Meaning of The Federal Fair Housing Act or do you Represent a Disabled Person Covered by the Act: <input type="checkbox"/> Yes <input type="checkbox"/> No?	
Location of Property?	
3. Does this Request Relate to an: <input type="checkbox"/> individual <input type="checkbox"/> group home? If this request relates to a group home, state:	
(a) the name of the group home: _____ (b) The current number of residents in the group home: _____ (c) The proposed number of residents for the group home: _____ (d) The current number of staff members for the group home: _____ (e) The proposed number of staff members for the group home: _____ (f) Whether the group home will provide housing for adults or minors: _____	
4. Name of Property Owner:	Telephone Number (       )
Address of Property Owner:	
5. What Type of Building Is The Subject of The Request For Accommodation:	
<input type="checkbox"/> single family residential <input type="checkbox"/> duplex <input type="checkbox"/> apartment building <input type="checkbox"/> other _____	
6. a. Check any code accommodations requested: <input type="checkbox"/> Building <input type="checkbox"/> Zoning <input type="checkbox"/> Land Use <input type="checkbox"/> Other _____	
b. Specify any request accommodation and describe why it is necessary: _____ _____ _____	
c. Specify any alterations to the property: _____ _____	